FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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	OMB APPROVAL]
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ON	DATE RECEIVED	

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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Moody Altamonte, LLC – LLC Units
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Moody Altamonte, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) 6363 Woodway, Suite 110, Houston, Texas 77057 (Number and Street, City, State, Zip Code) 713-977-7500
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) (Number and Street, City, State, Zip Code)
Brief Description of Business
Real Estate Investment
Type of Business Organization
☐ corporation ☐ limited partnership, already formed ☐ other (please specify): limited liability company
business trust limited partnership, to be formed
Actual or Estimated Date of Incorporation or Organization: Month Year PROCESSED
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) DE NOV 2 1 2005
GENERAL INSTRUCTIONS THOMSON FINANCIAL
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

which it is due, on the date it was mailed by United States registered or certified mail to that address.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

SEC 1972(5-05)

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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			A. BASIC 1	IDENTIFICATION DA	TA	
2.	Enter the information r	equested for the f	following:	•	<u> </u>	
	Each promoter of	the issuer, if the i	issuer has been organized	within the past five year	s;	
	• Each beneficial or issuer;	wner having the p	ower to vote or dispose, o	or direct the vote or dispo	osition of, 10% c	or more of a class of equity securities of the
	Each executive of	ficer and director	of corporate issuers and	of corporate general and	managing partne	ers of partnership issuers; and
	• Each general and	managing partner	of partnership issuers.			
Che	eck Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Ful	l Name (Last name first,	if individual)				
	ody National Realty Co		Charle Cinc Charle 7:- C	-1.		
	iness or Residence Addr 3 Woodway, Suite 110,		Street, City, State, Zip Co	xie)		
	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Ful	l Name (Last name first,	if individual)				
	ody Realty Corporation		0 0 0 7. 0.	. 1. 3		
	3 Woodway, Suite 110,		Street, City, State, Zip Co 1057			
Che	eck Box(es) that Apply:	Promoter	Beneficial Owner	■ Executive Officer	Director	☐ General and/or Managing Partner
	l Name (Last name first,	if individual)				
	ody, Brett C.	ess (Number and	Street, City, State, Zip Co	vde)		
	3 Woodway, Suite 110,		•	,,,,,,		
	eck Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Ful	l Name (Last name first,	if individual)	1.00		-	
Bus	siness or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Cho	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Ful	l Name (Last name first,	if individual)				
Bus	siness or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Che	eck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Ful	l Name (Last name first,	if individual)			•	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

☐ Beneficial Owner ☐ Executive Officer

☐ General and/or

Managing Partner

☐ Director

Business or Residence Address (Number and Street, City, State, Zip Code)

□ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Full Name (Last name first, if individual)

			······		B. INFO	PRMATIC	N ABOU	r offeri	NG				
1.	Has the issuer so	old, or does	the issuer	intend to se	ll, to non-a	ccredited in	nvestors in	this offerin	ıg?				es No
				Ansv	ver also in	Appendix,	Column 2,	if filing und	der ULOE.				
2.	What is the mini	imum inves	stment that	will be acco	epted from	any individ	lual?						5,000* es No
3.	Does the offerin	g permit jo	int ownersh	nip of a sing	gle unit?				•••••		***************************************		ă Ö
4.	Enter the inform similar remuners an associated pe or dealer. If m information for	ation for so rson or age ore than fi	olicitation on the of a broke ve (5) pers	f purchaser ker or deale ons to be	s in connect r registered	ction with s I with the S	sales of sec SEC and/or	urities in the	ne offering. e or states,	If a perso list the nar	n to be listene of the br	ed is oker	
	Name (Last name hard Securities,		ndividual)	. —									
Bus 150	iness or Residence Civic Center Dr	e Address ive, Suite I	(Number and Number and	nd Street, C , Utah 840	ity, State, 2 70	Zip Code)							
Nar	ne of Associated I	Broker or D	Dealer						•	•			
Stat	es in Which Perso	n Listed H	as Solicited	or Intends	to Solicit I	Purchasers							
510	(Check "A											⊠All S	tates
	AL IL MT	AK IN NE	IA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
	RI J I Name (Last names ase see attached (TN g group	TX	บา	VT	VA	WA	wv	WI	WY	PR
Bus	iness or Residence	e Address	(Number a	nd Street, C	City, State, 2	Zip Code)							
Nar	ne of Associated I	Broker or D	ealer			· · · · · · · · · · · · · · · · · · ·							
Stat	es in Which Perso	n Listed H	as Solicited	or Intends	to Solicit I	Purchasers							
	(Check "A	Il States" or	r check indi	ividual Stat	es)				••••••		***************************************	☐ All :	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full	Name (Last nam	e first, if ir	ndividual)										
Bus	iness or Residence	e Address	(Number a	nd Street, C	City, State, 2	Zip Code)		 .					
Nar	ne of Associated I	Broker or D	Pealer Pealer			***	-						·
Stat	es in Which Perso	n Listed H	as Solicited	or Intends	to Solicit I	Purchasers							
	(Check "Al	Il States" or	r check indi	ividual Stat	es)			••••••				☐ All S	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

* Lesser amounts may be accepted in the Issuer's sole discretion.

**All states for which they are Registered/Licensed.

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pr	e ice	Amount Already Sold
	Debt	. \$		\$
	Equity			\$
	☐ Common ☐ Preferred		_	
	Convertible Securities (including warrants)	. s		\$
	Partnership Interests			\$
	Other (Specify LLC Units			\$
	Total			\$
	Answer also in Appendix, Column 3, if filing under ULOE.	- + <u>0,020,000</u>	_	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors			\$
	Non-accredited Investors	· <u></u>		\$
	Total (for filings under Rule 504 only)	·		\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	·	_	\$
	Regulation A		_	\$
	Rule 504		_	\$
	Total			\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			
	Legal Fees			\$
	Accounting Fees			\$
	Engineering Fees			\$
	Sales commissions (specify finders' fees separately) To by paid by Issuer			\$
	Other Expenses (identify)			\$
			_	<u> </u>

	C. OFFERING PRI	CE, NUMBER OF INVEST	ORS, EXPENSES AND USE O	F PR(DCEEDS		
	b. Enter the difference between the aggregated expenses furnished in response to Part C to the issuer."	- Question 4.a. This differen	nce is the "adjusted gross procee	ds			\$ <u>8,820,000</u>
5.	Indicate below the amount of the adjusted grothe purposes shown. If the amount for any puleft of the estimate. The total of the paymen forth in response to Part C- Question 4.b above	rpose is not known, furnish a ts listed must equal the adjus	n estimate and check the box to t	he			
				_	Payments to Officers, Directors, & Affiliates	_	Payments To Others
	Salaries and fees			IJ	\$		\$
	Purchase of real estate				\$		\$ <u>7,401,373</u>
	Purchase, rental or leasing and installation of	machinery and equipment			\$		\$
	Construction or leasing of plant buildings and	facilities			\$		\$
	Acquisition of other businesses (including the in exchange for the assets or securities of another interests).	value of securities involved i ther issuer pursuant to a merg	n this offering that may be used		\$		\$
	Repayment of indebtedness				\$		\$
	Working capital				\$		\$
	Other (specify): Fee to Manager			\boxtimes	\$ <u>1,418,627</u>		\$
					\$		\$
	Column Totals			\boxtimes	\$1,418,627	\boxtimes	\$7,401,373
	Total Payments Listed (column totals added).				⊠:	8 <u>8,82</u>	0,000
		D. FEDERAL S	IGNATURES				
con	issuer has duly caused this notice to be signed stitutes an undertaking by the issuer to furnis ished by the issuer to any non-accredited invest	sh to the U.S. Securities and for pursuant to paragraph (b)(Exchange Commission, upon	iled ur written	der Rule 505, the request of its	ne foll staff,	lowing signature the information
	er (Print or Type) ody Altamonte, LLC	Signature	Date		11/7/01	¥	
	ne of Signer (Print or Type) tt C. Moody	Title of Signer (Print or Typeresident of general partn	oc) er of manager of issuer		· ·		

ATTENTION ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230.262 pro	sently subject to any of the	disqualification provisions	of such rule?	•••••	Yes □	No ⊠
	See Append	x, Column 5, for state respe	onse.				
· 2.	The undersigned issuer hereby undertakes to 239.500) at such times as required by state la		istrator of any state in whi	ch this notice is fi	led a notice or	Form D	(17 CFR
3.	The undersigned issuer hereby undertakes to	furnish to the state adminis	rators, upon written reques	t, information furr	ished by the is	suer to o	fferees.
4.	The undersigned issuer represents that the is Exemption (ULOE) of the state in which this of establishing that these conditions have bee	notice is filed and underst					
	issuer has read this notification and knows thorized person.	ne contents to be true and	has duly caused this notice	e to be signed on	its behalf by t	he under	rsigned duly
	er (Print or Type) ody Altamonte, LLC	Signature	_	Date	11/5/0	U	
	ne (Print or Type)	Title (Print or Type)		•	•		
Bre	tt C. Moody	President of general page	rtner of manager of issue	r			

E. STATE SIGNATURE

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APP	ENDIX				5
1	Intend to non-a investor	I to sell ccredited s in State – Item 1)	Type of security and aggregate offering price offered in State (Part C – Item 1)		Type of Investor and amount purchased in State (Part C- Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со									
СТ									
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DC									
FL			, , , , , , , , , , , , , , , , , , ,						
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MN									
MS									

				APP	ENDIX				5
1	Intend to non-a investor	to sell ccredited s in State – Item 1)	3 Type of security and aggregate offering price offered in State (Part C – Item 1)		4 Type of Investor and amount purchased in State (Part C- Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV		-							
NH			·						
NJ									
NM									
NY		-					- 112.7		
NC									
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				APP	ENDIX				
1	to non-a	2 I to sell eccredited in State — Item 1)	Type of security and aggregate offering price offered in State (Part C – Item 1)		amount pr	4 f Investor and urchased in State t C- Item 2)		under Sta (if yes explan waiver	5 ification ate ULOE , attach ation of granted) - Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									ļ
PR					·				

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